

Name

in
Full

CERTIFICATE OF DEATH

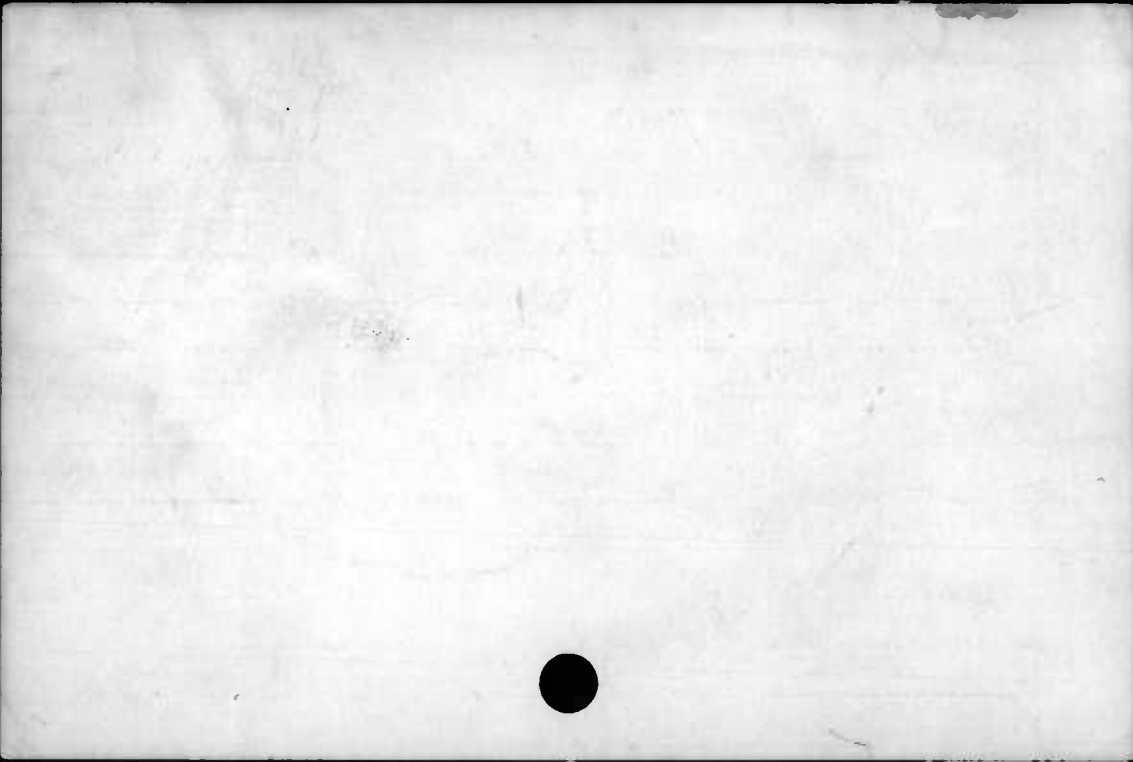
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorchester</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>July</u>	Day <u>29</u>	Age <u>12</u>	Years <u>3</u>	Months <u>3</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Washington</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband					
Father's Name <u>John Bacigaluppi</u>			Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Francis Stunzig</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Carl Stunzig</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral abscess</u>	How long <u>3 weeks</u>
Immediate <u>Paralysis</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Darnall</u>
	Address <u>Dorchester Md.</u>
Accident or Suicide? <u>neither</u>	



Name in Full

Certificate of Death

Maggie Helena Barber

Town

County

Died at

Agassess

Prichard

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	July	14	4	10	6	Maryland	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Remittent Fever

How long sick

3 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

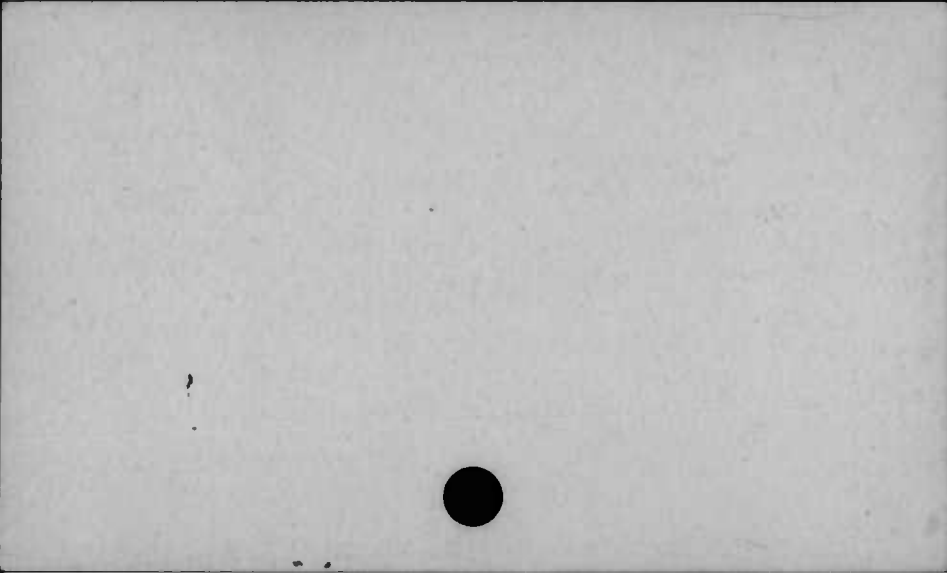
Reported by

M. R. Latimer M.D.

Address

Agassess, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosa Benson

CERTIFICATE OF DEATH

99

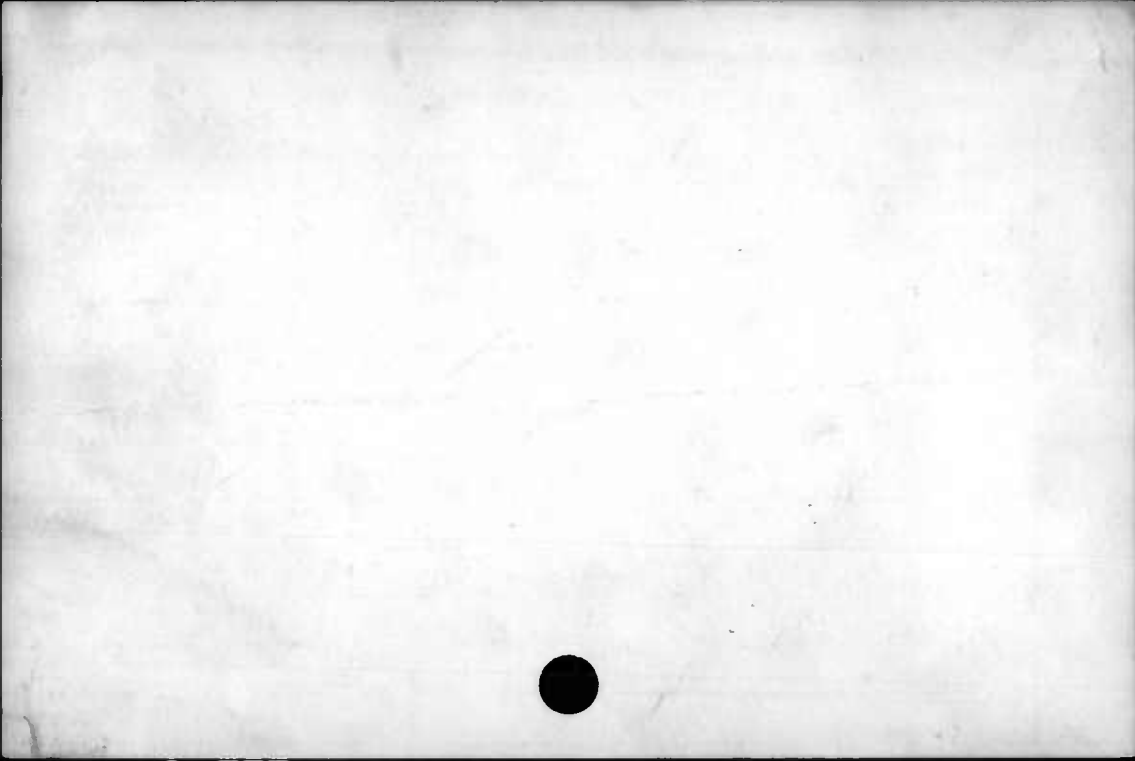
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Murrumbidgee		County Parramatta		MARYLAND	
Date of death 190	Month July	Day 7	Age 8	Years	Months	Days	
Sex female	Color or Race Black		Birth- place Md.				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Priscilla Benson				Father's Birthplace Md			
Mother's Maiden Name Lydia Bray				Mother's Birthplace Md			
Name of person giving In formation Priscilla Benson				How related to deceased sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	one year
Immediate	Undetermined	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Austrian Brown

Town

County

Died at

Maclboro

P. B.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 2

Age

11

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Bernard Brown

Mother's

Maiden Name

Annie Jackson

Cause of

Primary

Cholera Infantum 105

How long sick

One week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Randy Asascer M.D.

Address

Upper Maclboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.

LIBRARY BUREAU, 79803



Name
in
Full

Susan Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Pineatway</i>		Town		County		MARYLAND	
Date of death 1903	Month 7	Day 10	Age	Years 29	Months -	Days -	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Pineatway</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Elzer Brown</i>							
Father's Name <i>Harry Dent</i>					Father's Birthplace <i>P. George</i>		
Mother's Maiden Name <i>Rebecca Hogan</i>					Mother's Birthplace <i>Ches Ed</i>		
Name of person giving In formation <i>Rebecca Dent</i>					How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>93</i>	How long
Immediate <i>Double pneumonia</i>		How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Haller</i>	
	Address <i>Pineatway</i>	
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

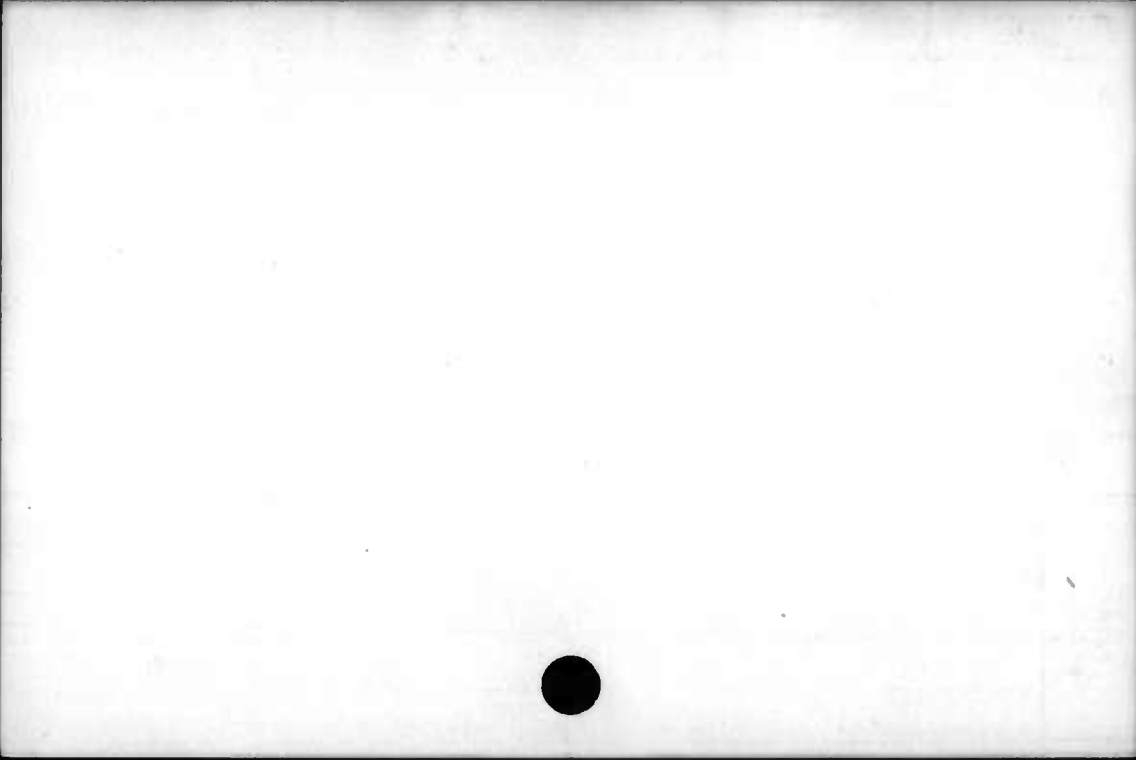
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Dr. Byrnes</i>		Town <i>Harlow</i>		County <i>Prince Georges</i>		State <i>MARYLAND</i>	
Died at <i>Harlow</i>		Date of death <i>1903 July 24</i>		Age <i>63</i>		Months <i>6</i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John Ivory</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret</i>		Mother's Birthplace <i>Do</i>					
Name of person giving Information <i>Patrick J. Murphy</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>2 wks</i>	
Immediate <i>Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Griffith</i>	
		Address <i>Upper Marlboro,</i>	
Accident or Suicide? <i></i>			



Name
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CERTIFICATE OF DEATH

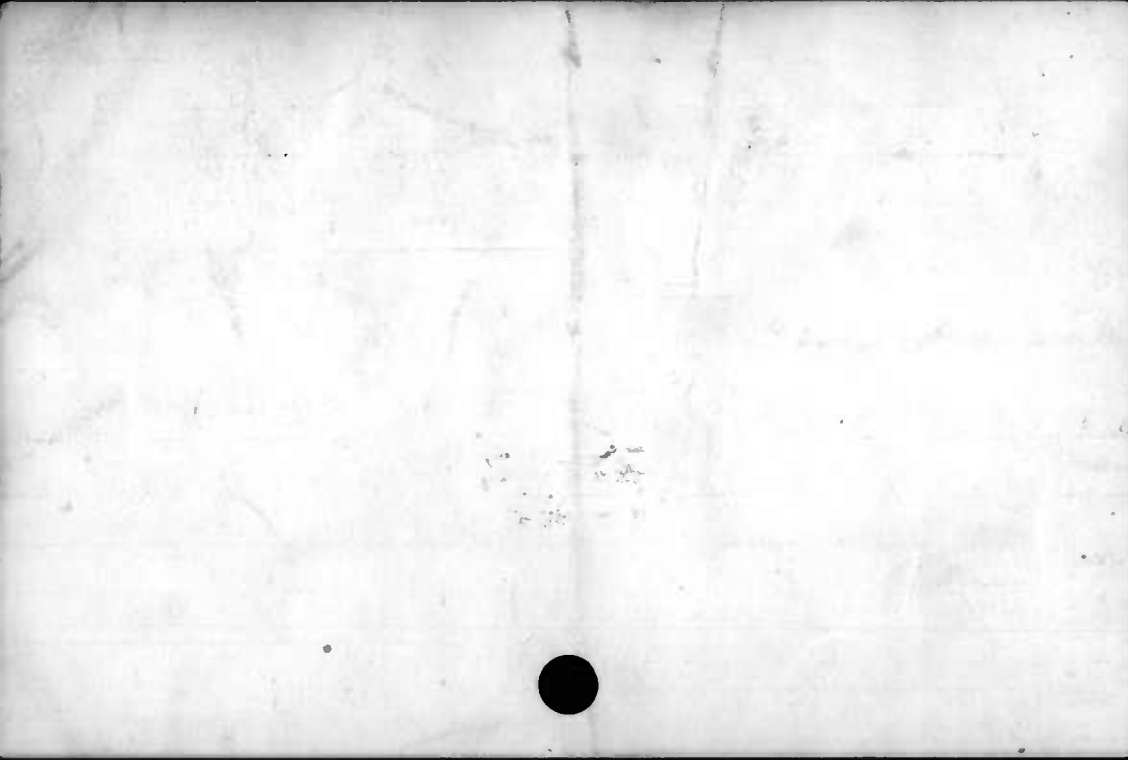
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> ^{Town}		<i>P. George</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month <i>July</i>	Day <i>22</i>	Age <i>65</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas Carroll</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Lucinda Dorsey</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Thomas Carroll</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular diseases of heart</i>	How long <i>years.</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Bermyng D. C.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

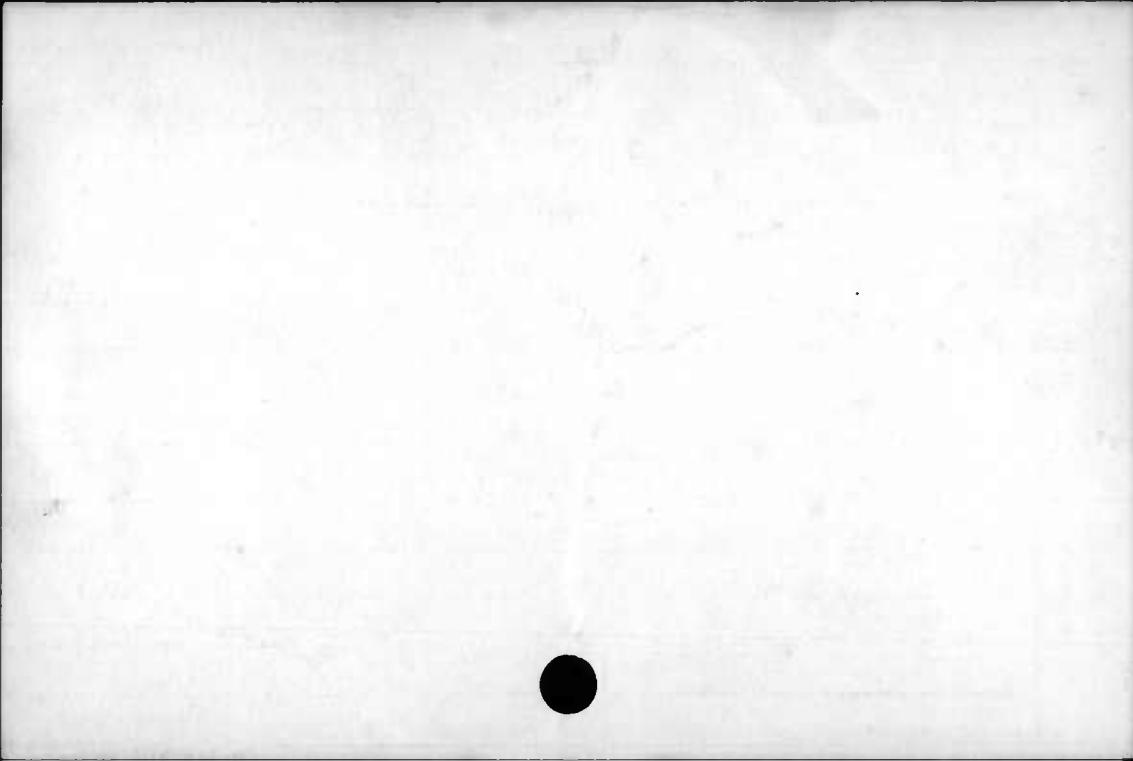
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 190		3	Month	July	Day	15	Age	Years	68	Months	Days
Sex		Male		Color or Race		White		Birth-place		Dr Geo C.	
Married, Single or Widowed		Married		Occupation							
Name of Wife or Husband		Sarah R Devaughn									
Father's Name		James Devaughn						Father's Birthplace		18	
Mother's Maiden Name								Mother's Birthplace			
Name of person giving information		James I Devaughn						How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phlegmonous Erysipelas	How long	Six days
Immediate	Pyæmia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W H Gibbons	
Address		Croom md	
Accident or Suicide?			



Name
in
Full

Alice Glidden Depondorf

CERTIFICATE OF DEATH

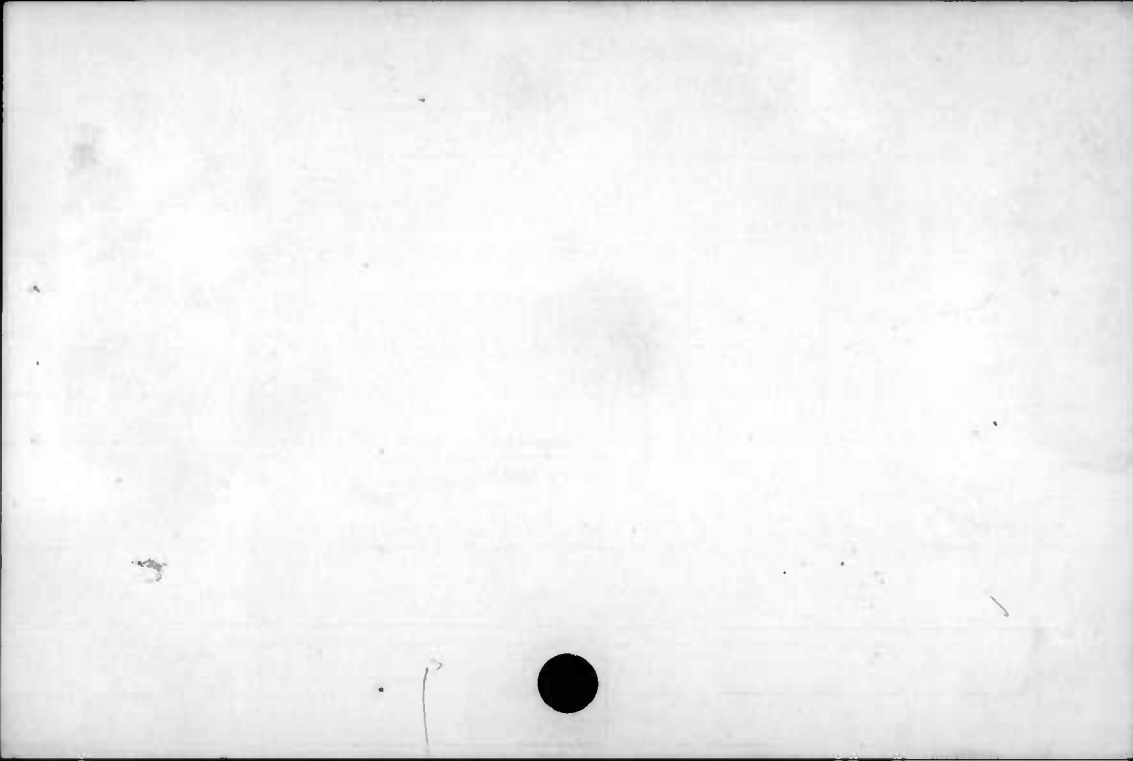
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>July</i>	Day <i>2nd</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Eight</i>	Days <i>25</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Laurel, Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Fred¹¹² C. Depondorf</i>				Father's Birthplace <i>Norfolk, Va.</i>			
Mother's Maiden Name <i>S. E. Porter</i>				Mother's Birthplace <i>Georgetown S.C.</i>			
Name of person giving information <i>Fred¹¹² C. Depondorf</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>6 days</i>
Immediate	<i>Coma</i>	How long	<i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Depond</i>	
		Address	
		<i>Laurel</i>	
Accident or Suicide?			



Name
in
Full

Cora Diggs

CERTIFICATE OF DEATH

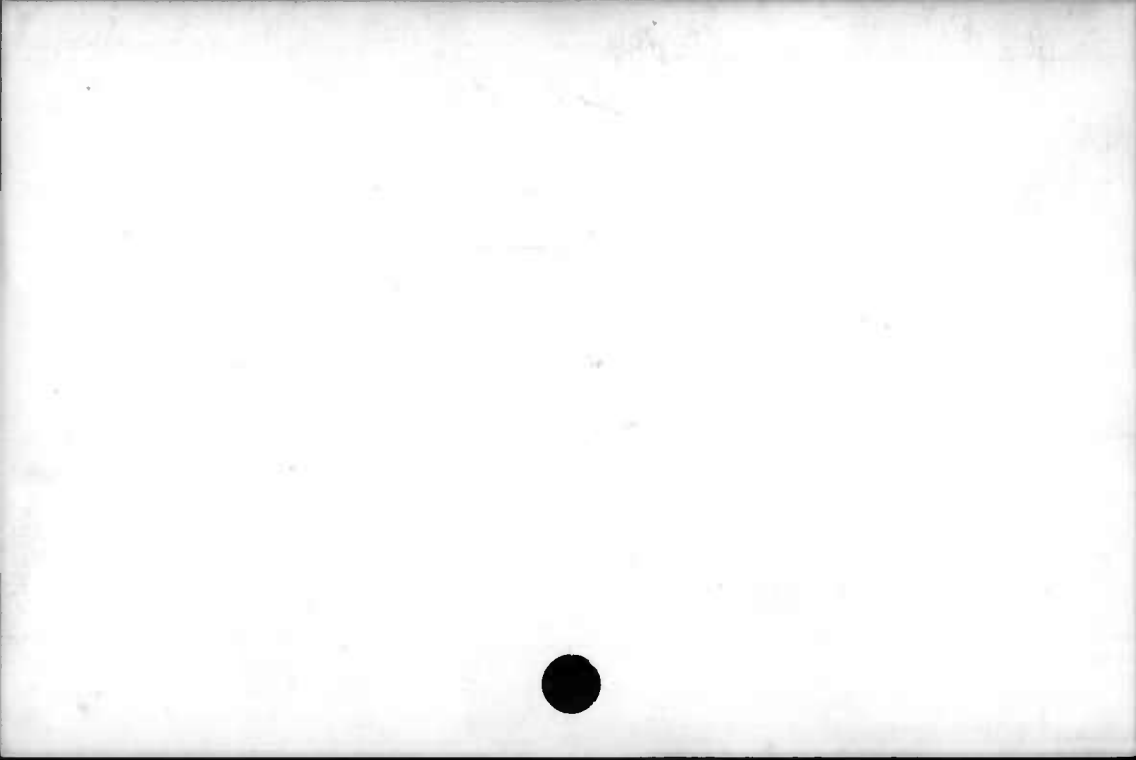
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northalia</i> ^{Town}		<i>P. P. Co</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>July</i> ^{Month}	<i>13</i> ^{Day}	Age <i>12</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>P. P. Co Md</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Chas Diggs</i>		Father's Birthplace <i>P. P. Co Md</i>		<i>179</i>	
Mother's Maiden Name <i>Johnson</i>		Mother's Birthplace <i>P. P. Co Md</i>		<i>179</i>	
Name of person giving Information <i>Chas Diggs</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know - died</i>	How long	<i>-</i>
Immediate	<i>when I arrived</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. A. Guffey</i>	
<i>yes</i>		Address <i>Warehous Md</i>	
Accident or Suicide?		<i>yes</i>	



Name
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CERTIFICATE OF DEATH

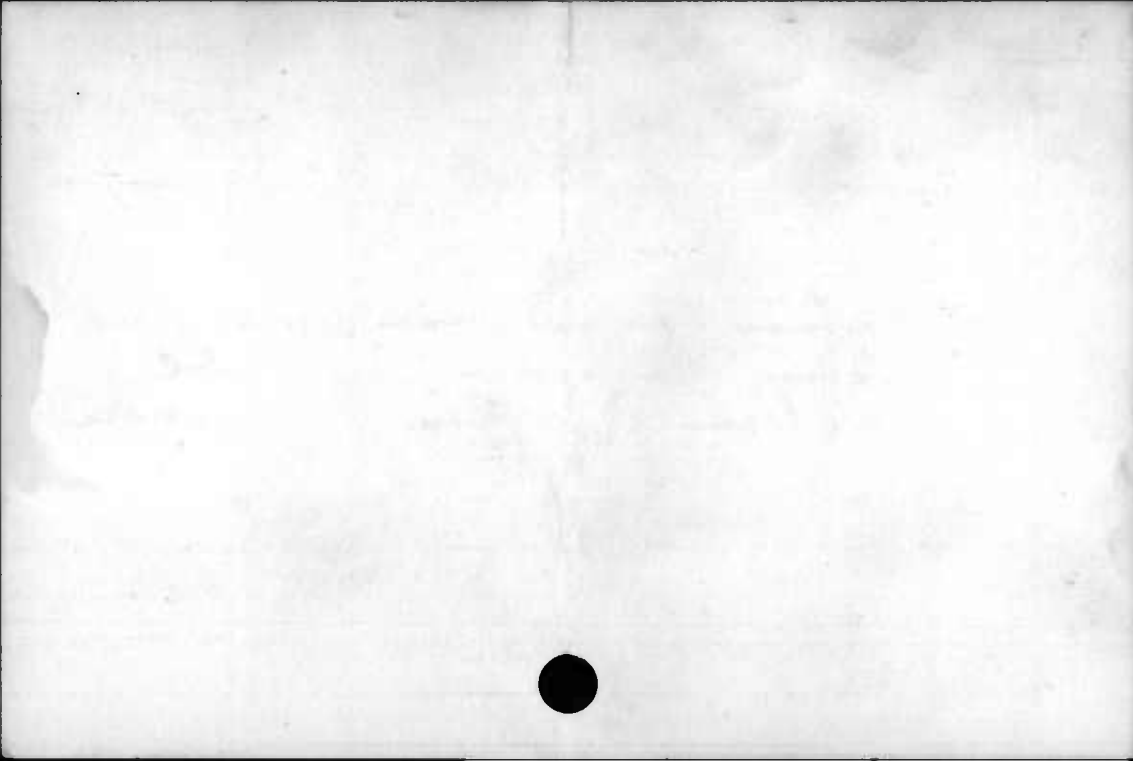
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mattington</i> Town		<i>Pr Geo Co</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>16</i>	Age	Years	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Pr Geo Co</i>		Days
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>John Diggs</i>			Father's Birthplace <i>Pr Geo Co</i>		
Mother's Maiden Name <i>Sophia Durigan</i>			Mother's Birthplace <i>Pr Geo Co</i>		
Name of person giving information <i>John Diggs</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile</i>	<i>179</i>	How long
Immediate <i>Unknown no physician</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Gibbons</i>	
	Address <i>Crown</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>John</i> ^{Town} <i>Stouch</i>		<i>Perine</i> ^{County} <i>Maryes</i>		MARYLAND	
Date of death 1903	Month <i>7</i>	Day <i>22</i>	Age <i>1</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Albert Dixon</i>			Father's Birthplace <i>Chas. Co.</i>		
Mother's Maiden Name <i>Mary Sullivan</i>			Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Bernard Dixon</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate	<i>Acute Intestitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley</i>	
	Address <i>Piscataway, Md.</i>	
Accident or Suicide?		



Name In Full

Certificate of Death

Mary Douglas

Town *near Aquasco* County *Prince Geo.* MARYLAND

Died *near Aquasco Prince Geo.*

Date 1903 *July* *9* Month *July* Day *9* Y. *35* M. *35* D. *35* Native of *Maryland* Occupation *Housewife*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of *Alexander Douglas*

Wife *Alexander Douglas*

Father's Name *Sen Maddox* Mother's Maiden Name *Phoebe Reeder*

Cause of Death { Primary *Dysentery & Premature labor* How long sick *21 days*
 Immediate *Prostration & Excessive heat* Accident, Suicide, Homicide

Reported by *Wm. A. Marbury & M. D.*

Address *Aquasco, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Walter Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bowie</i>		County <i>Prince George's</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>23</i>	Age	Years <i>7</i>	Months <i>6</i>	Days	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince George's Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>[Redacted]</i>					
Name of Wife or Husband <i>[Redacted]</i>							
Father's Name <i>Henry Duckett</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Annie Pierce</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Annie Pierce Duckett</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>		How long	<i>two weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Nelson A Rymer</i>	
			Address <i>Bowie Md</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Brentwood

Prince George Co

MARYLAND

Date

of death 1903

Month

July

Day

20

Years

Age 74

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

V R

Married, Single
or Widowed

Occupation

None

Name of Wife or
Husband

John T Edds

Father's
Name

John C Hamerdinger

Father's
Birthplace

Germany

Mother's
Maiden Name

Eme Churchman

Mother's
Birthplace

V R

Name of person giving
In formation

Mrs J T Lynch

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Pneumo-pneumonia

How long

3 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. Richardson
Hyaloville
Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

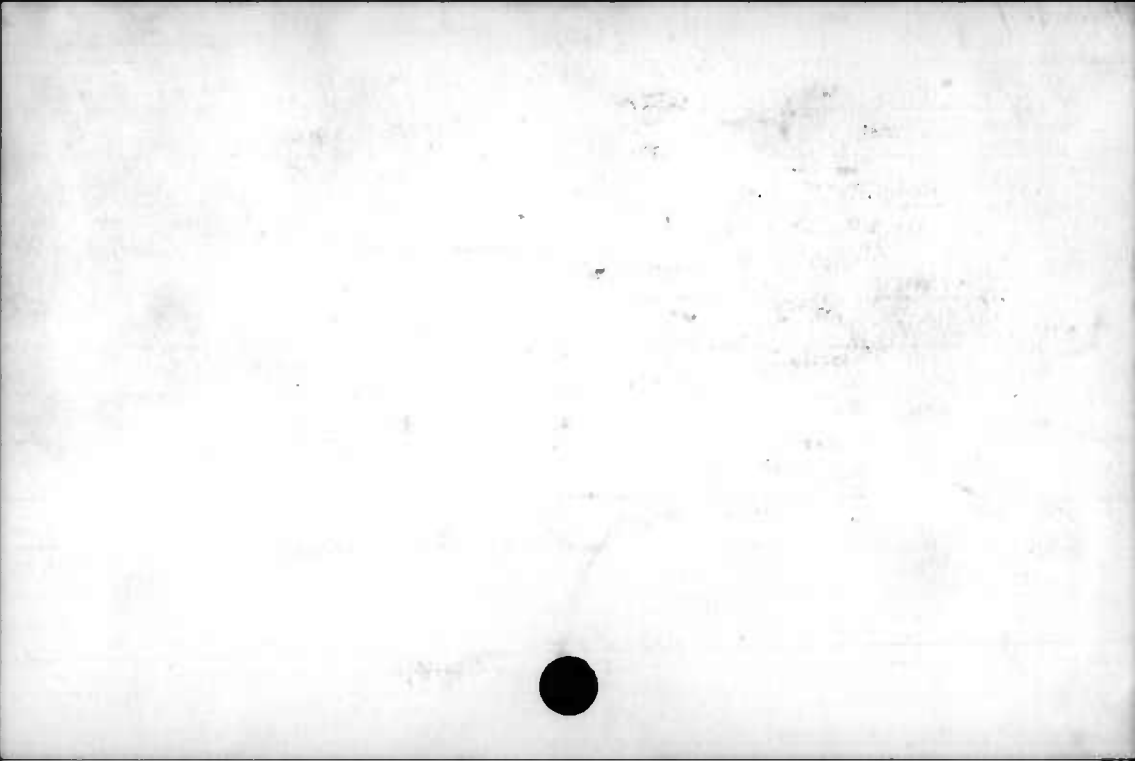
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Branchville</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Jul</i> ^{Month}	<i>23</i> ^{Day}	Age <i>21</i> ^{Years}	<i>11</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Branchville</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>Jacob John Jacob First</i>		Father's Birthplace <i>Washington DC</i>			
Mother's Maiden Name <i>Alice Mc Donald</i>		Mother's Birthplace <i>MD</i>			
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i> <i>105</i>	How long <i>9 days</i>
Immediate <i>Congestion Brain</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Fox</i>
	Address <i>Branchville MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broad Creek</i>		Town <i>Pr. Geo.</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>30</i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Edward Hall</i>							
Father's Name <i>B. Elihu Harrell</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Hannie Bradford</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Edward Hall</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Fever</i>	How long
Immediate <i>Lobar Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson, M.D.,</i>
	Address <i>ROSECROFT, Pr. Geo. Co., Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Esther Harrod

CERTIFICATE OF DEATH

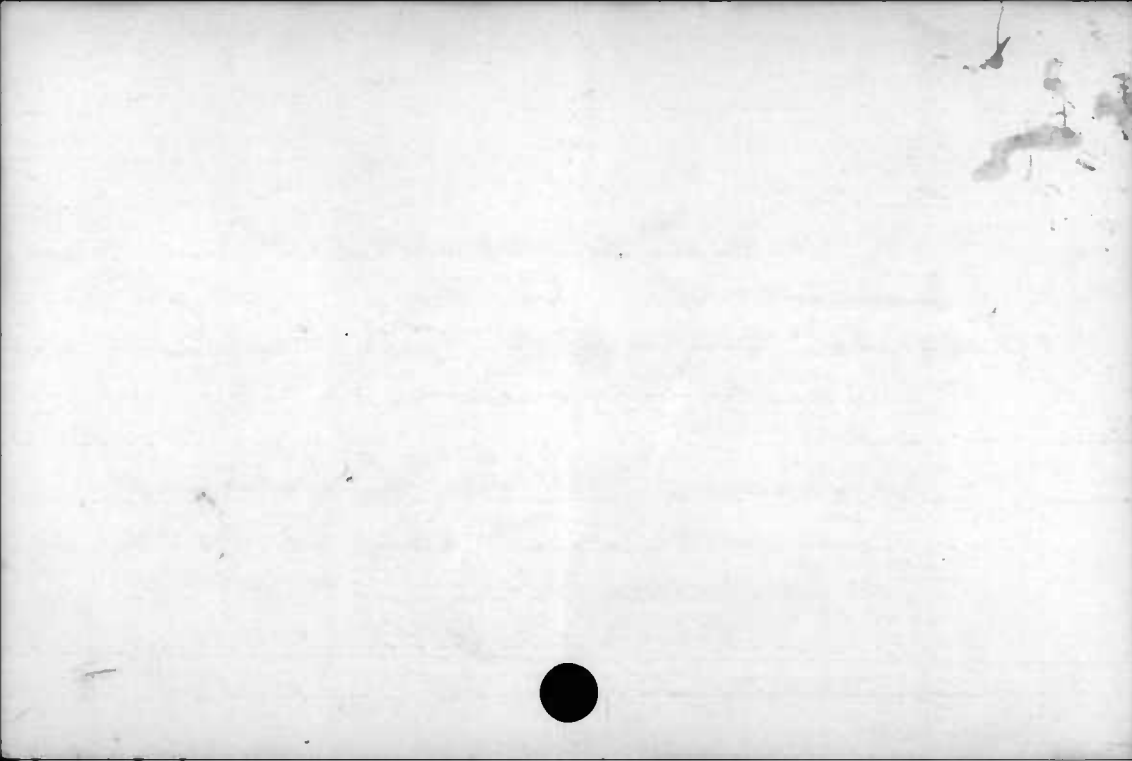
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Real Pleasant</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>5</i>	Years <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>	
Married , Single			Occupation <i>md</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William Harrod</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Anna Brown</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Henry Brown</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomatitis</i>	How long <i>11 days</i>
Immediate <i>Dionhoea</i> <i>105</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Lawrence</i>
<i>not married</i>	Address <i>Donover md</i>
<i>—</i>	



Name in Full

Certificate of Death

Jarvis E. Haverinner

Died at

Town Sierra Hill

County

Pr. Geo.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

13 July 16

Age

-

3

28

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Geo Haverinner

Mother's

Name

Isabel Haverinner

Cause of

Primary

In cerebral Meningitis one mo.

How long sick

Death

Immediate

Convolutions

Accident, Suicide, Homicide

Reported by

R. A. - Riles - 28

Address

Cmaco Ky

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Place of Burial

St. Barnaby, Md.

July 18th 1903 -

by Thos F. Murray

anacostia ill.

Name In Full

Certificate of Death

Frank E. Henry

MARYLAND

Died at Lanham Town P. G. County
 Date 1903 7 Month 31 Day 10 Y. 11 M. — D. Ind Native of Ind Occupation —
 Male Wid Married Widow Divorced —
 Female Colored Single Widower Number of children living —
 Husband of —
 Wife —
 Father's Name Dead Mother's Name Dead, do not know
 Maiden Name —

Cause of Death { Primary } Typhoid
 { Immediate } fever
 How long sick 27 days
 Accident, Suicide, Homicide —

Reported by Geo. M. Boyer, M. D.Address Rockville, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas L. Hogan

CERTIFICATE OF DEATH

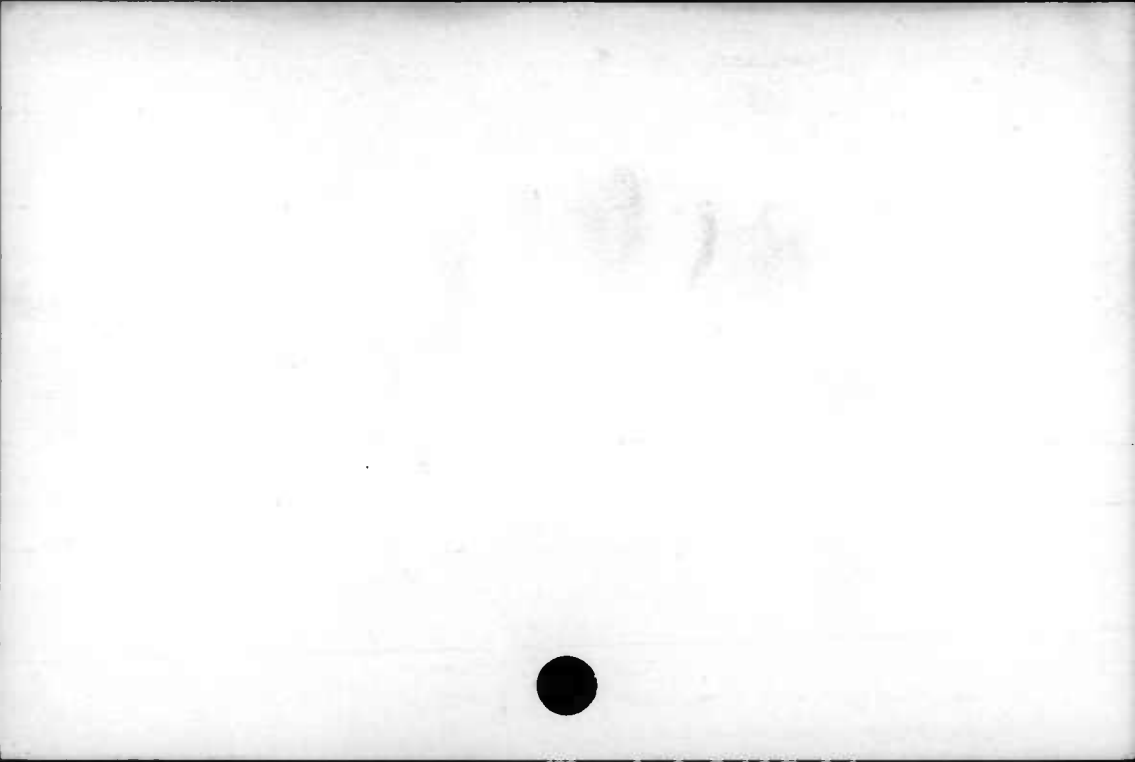
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Owen Hill		Prince Geo Co.		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	July	4 th	16	8	10		
Sex	Male		Color or Race	Black		Birth-place	D. C.
Married Single or Widowed			Occupation				
			None				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Thomas Hogan				M-d			
Mother's Maiden Name				Mother's Birthplace			
Lettie Hogan				M-d			
Name of person giving information				How related to deceased			
Mother				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Murdered	How long	176
Immediate	Blow in the stomach	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jos. M. Parker, M.D.	
		Address	
		Rose Croft	
		M.D.	
Accident or Suicide?			



Name
in
Full

Ebenzer Michael Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hyattsville^{County} Prince GeorgesDate
of death 1903Month
JulyDay
25

Age

Years
33Months
10

Days

Sex

Male

Color or
Race

White

Birth-
place

Washington

Occupation

Telegraph Operator

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Michael Hurley

Father's
Birthplace

Ireland

Mother's
Maiden Name

Elizabeth O' Sullivan

Mother's
Birthplace

Ireland

Name of person giving
Information

Annie J. Hurley

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Enteritis

How long

4 weeks

Immediate

Intoxication

How long

10 days

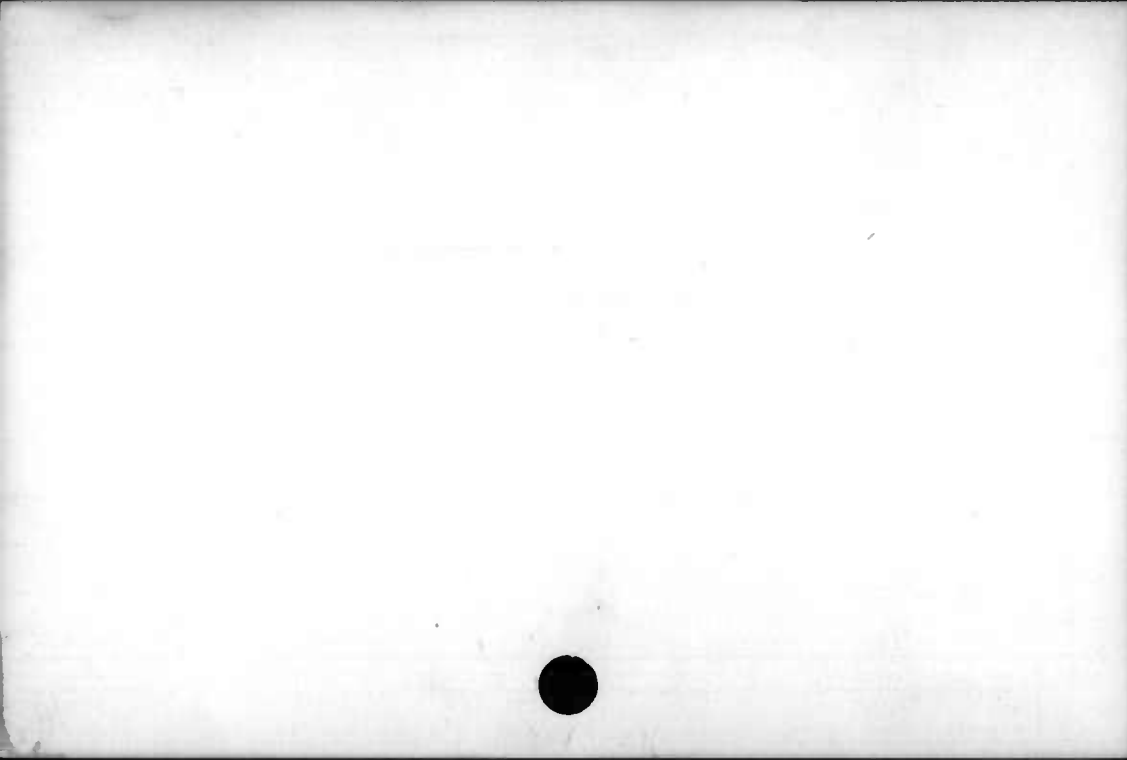
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianJ. A. Richardson
Regist. Md.

Address

Accident or Suicide?



Name In Full

Certificate of Death

Helen Ingram

Town

County

MARYLAND

Died at

Brentwood

Pr. Geo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 22

Age

1-2

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Walter Ingram

Mother's

Maiden Name

Daisy Argenbright

Cause of

Primary

Cholera Infantum

How long sick

1 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. C. Ohlendorf M.D.

Address

Brentwood Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79958



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary L. Johnson</i>		Town <i>Marlboro</i>		County <i>P.R.C.</i>		MAYLAND					
Died at <i>Marlboro</i>		Month <i>July</i>		Day <i>11</i>		Years <i>2</i>		Months <i>2</i>		Days <i>2</i>	
Date of death <i>1903</i>		Month <i>July</i>		Day <i>11</i>		Age <i>2</i>		Months <i>2</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>P.R.C.</i>							
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>							
Father's Name <i>Louis Johnson</i>				Father's Birthplace <i>P.R.C. 4/4</i>							
Mother's Maiden Name <i>Hamilton</i>				Mother's Birthplace <i>P.R.C. 2/4</i>							
Name of person giving Information <i>Louis Johnson</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>		How long <i>179</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Louis Johnson</i>	
		Address <i>Upper Marlboro, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Mary Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Springfield</i>		^{County} <i>Prince Georges</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>19</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>Frank Johnston</i>					
Father's Name <i>Dont Know</i>			Father's Birthplace <i>Dont Know</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>Dont Know</i>		
Name of person giving information <i>Benjamin Stewart</i>			How related to deceased <i>son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intellectual Cataract</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Nelson A Ryan M.D.</i>
	Address <i>Bowie</i>
Accident or Suicide?	<i>md</i>

1



Name In Full

Certificate of Death

Mary V. Jones

Town

County

Pr Geo

MARYLAND

Died at Seeland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 9

Age

- 2 -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Eugene E. Jones

Mother's

Maiden Name

Mary J. Baell

Cause of

Primary

Cholera Infantum

How long sick

1 wk

Death

Immediate

Convulsions -

Accident, Suicide, Homicide

Reported by

Eugene E. Jones

Address

Seeland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John McMahon</i>		Town <i>Pr. Geo.</i>		County <i>Pr. Geo.</i>		MARYLAND									
Died at		Date of death 190 <i>5</i>		Month <i>July</i>		Day <i>31</i>		Age <i>67</i>		Years		Months		Days	
Sex <i>white male</i>		Color or Race <i>white</i>		Birth- place <i>Ireland</i>											
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>													
Name of Wife or Husband <i>Anna Conaughy</i>															
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Ireland</i>													
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Ireland</i>													
Name of person giving in formation <i>James McMahon</i>		How related to deceased <i>Son</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy, Soften of Brain.</i>		How long <i>2 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Nelson A Ryan MD</i>	
		Address <i>Bowie</i>	
Accident or Suicide? <i>No</i>		<i>MD</i>	



William Henry Maisel

Died at *College Park* Town *Prince George* County *MARYLAND*

Date 19*03* *July* *20* Month Day
 Age *— 2 —* Y. M. D. Native of *D. C.* Occupation *—*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *John U. Maisel* Mother's Maiden Name *Barbara Maisel*

Cause of Death { Primary *Milk Infection* Immediate *105* How long sick *4 days*
 Accident, Suicide, Homicide

Reported by *A. D. Etienne M.D.*

Address *Berwyn*  *Prince George Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Branchville;

Name
in
Full

Herman A Miller

CERTIFICATE OF DEATH

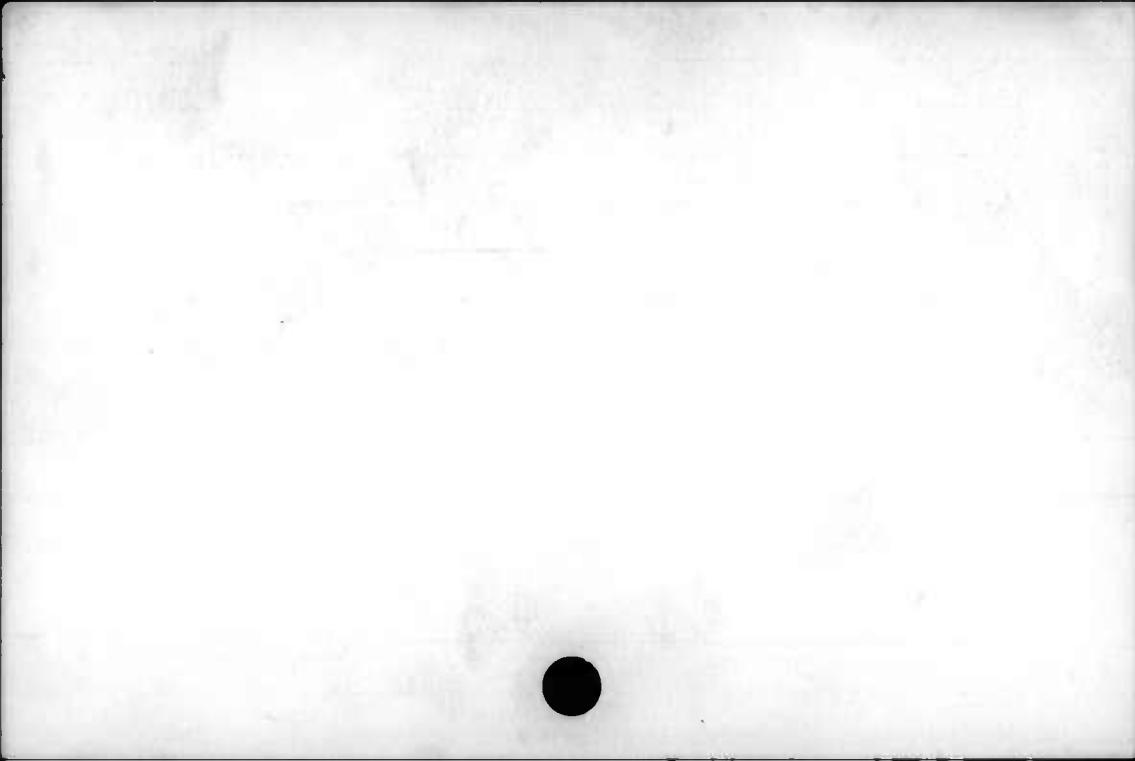
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorchester</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>28th</i>	Age	Years <i>2</i>	Months <i>-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married , Single or Widowed			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Herman J Miller</i>			Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Henrietta Rath</i>			Mother's Birthplace <i>Washington</i>		
Name of person giving Information <i>Herman J Miller</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomachitis</i>	How long <i>2 weeks</i>
Immediate <i>Dysentery</i> <i>105</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Samsbury</i>
	Address <i>Dorchester md</i>
Accident or Suicide? <i>_____</i>	



Edward F. Moreland


Died at ^{Town} Aquasco ^{County} Prince Geo.

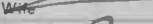
MARYLAND

Date 1903 ^{Month} July ^{Day} 5 ^{Y.} ^{M.} 7 ^{D.} 1 ^{Native of} Maryland ^{Occupation} none

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of 

Wife 

Father's Name John Moreland ¹⁰⁵ Mother's Name Eliza E. Canter

Cause of Death { Primary Cholera Infantum How long sick 10 days

Death { Immediate Heat prostration Accident, Suicide, Homicide

Reported by Wm A. Marbury M.D.

Address Aquasco, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Herman N Moyer

CERTIFICATE OF DEATH

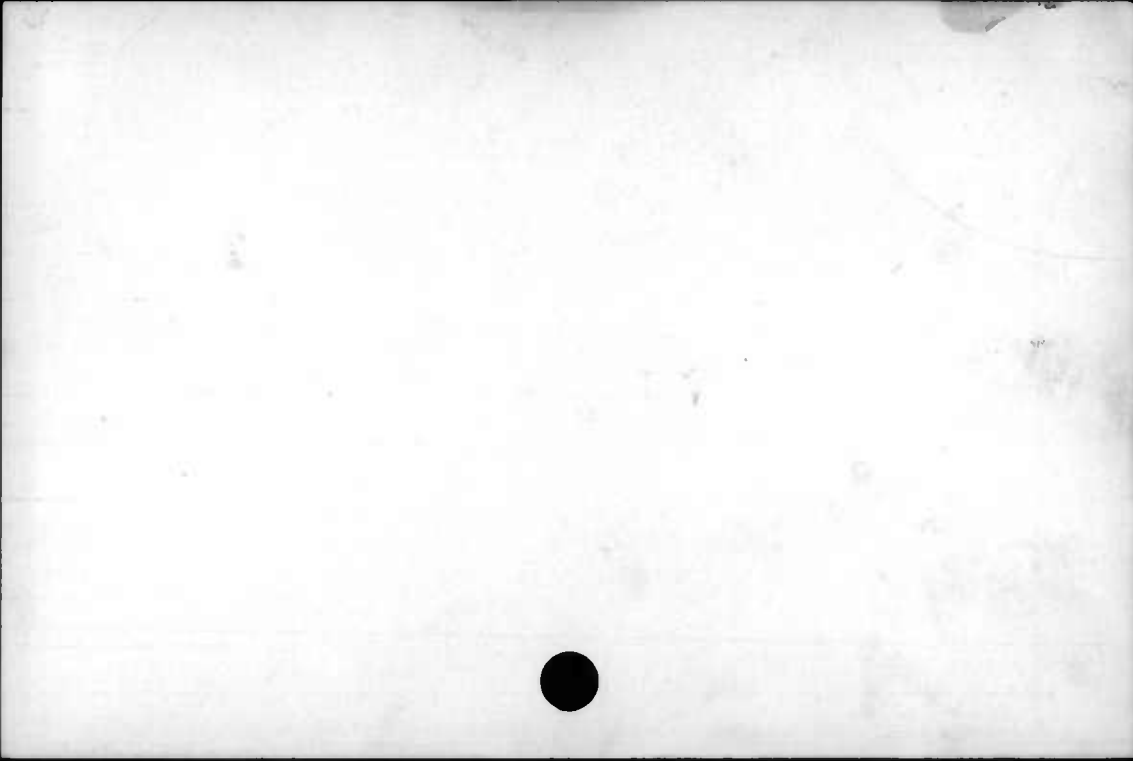
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dorrestville		County Prince George		MARYLAND	
Date of death 1903		Month July	Day 11	Age Years		Months	Days 6
Sex	male		Color or Race	white		Birth- place	md.
Married, Single or Widowed				Single			
Name of Wife or Husband							
Father's Name				Ernest J Moyer		Father's Birthplace	
Mother's Maiden Name				Augusta Radtke		Mother's Birthplace	
Name of person giving In formation				Ernest Moyer		How related to deceased	
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Infantile Convulsions		How long
Immediate		12 hours
Are the name, age, sex, color, date and place correctly given above?		yes.
Signature of Physician		John E. Sweeney
Address		Dorrestville
		md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Noble		Town Lakeland		County Prince George's		State MARYLAND	
Died at		Date of death 1903		Month July	Day Monday	Years 22	Months —
Sex Male		Color or Race Negro		Birth-place		Days —	
Occupation Reborn		Where Residing if not at place of death Rivendale					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

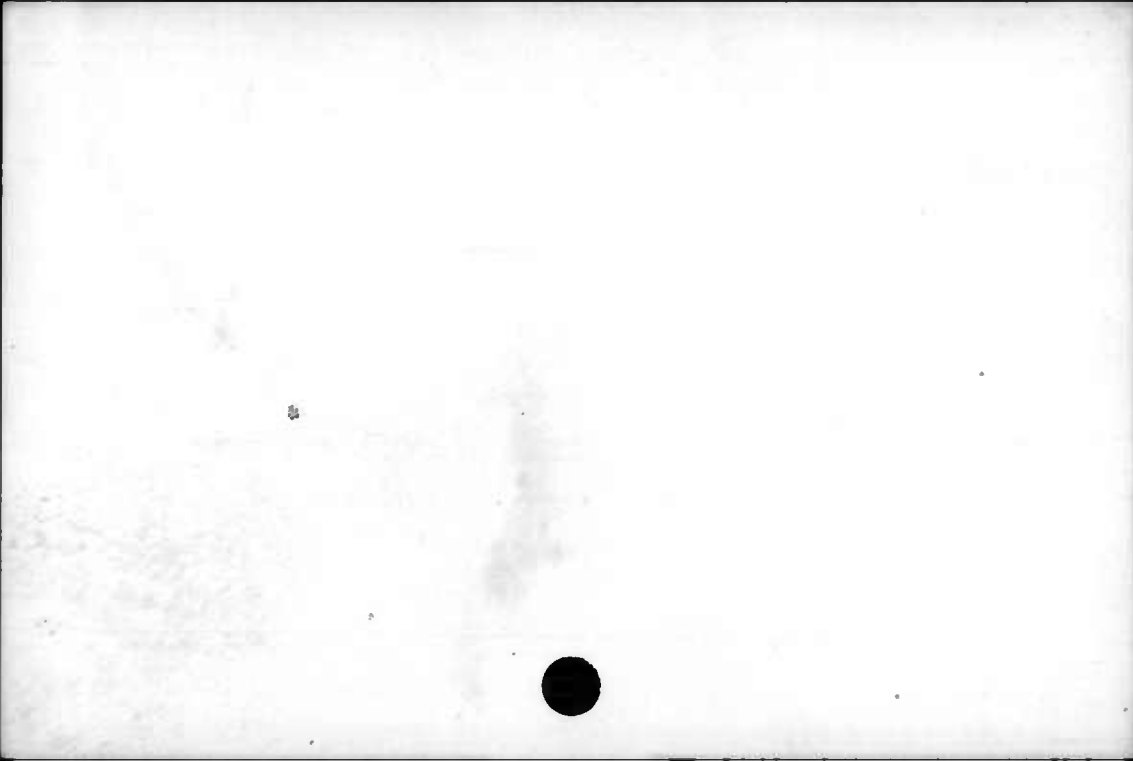
166
CAUSES OF DEATHPHYSICIAN
OR CORONER

Primary	Run over by Electric Ry Car	How long	about one hour
Immediate	Wounds & Head body & legs	How long	5 " "
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John T. Burch J.P.	
		Address Coroner	
Accident or Suicide? Accident		Berwyn Md	

Blackburne



Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Callington		Prince George		MARYLAND						
		Date of death		1903	Month	July	Day	18	Age	Years	Months	11	Days	—
		Sex		Female		Color or Race		White		Birth-place		Maryland		
		Occupation		—		Where Residing if not at place of death		—						
		Married, Single or Widowed		Single		Name of Wife or Husband		—						
		Father's Name		Vincent Powers		Father's Birthplace		Maryland						
Mother's Maiden Name		Rose Vermillion		Mother's Birthplace		Maryland								
Name of person giving Information		Vincent Powers		How related to deceased		Father								
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Marasmus		105		How long		One month				
		Immediate		Enteritis				How long		Two weeks				
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		A. R. Walker, M.D.						
						Address		Mitchellville, Md.						
		Accident or Suicide?		—										



Name
in
Full

CERTIFICATE OF DEATH

Carrie E. Proctor

Died at <i>Oxen Hill</i> ^{Town}		<i>Pr. Geo</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>7</i> ^{Month}	<i>5</i> ^{Day}	Age <i>37</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>P. G. Co. Md</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>School Teacher</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Henry Proctor</i>			Father's Birthplace <i>Charles Co. Md</i>		
Mother's Maiden Name <i>Lewia Barton</i>			Mother's Birthplace <i>P. G. Co. Md</i>		
Name of person giving information <i>Charles Proctor</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Chronic poisoning from drug taking</i>	How long <i>4 months</i>
Immediate <i>Salivation</i> <i>59</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft - Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bettie Redman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> ^{Town}		<i>Prince George's</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month <i>July</i>	Day <i>16</i>	Age <i>64</i>	Years <i>64</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Prince George's Co</i>		Occupation <i>Washer woman</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>as Redman</i>			
Father's Name <i>Sam'l Jannels</i>		Father's Birthplace <i>Prince Geo's Co</i>			
Mother's Maiden Name		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Robt Carroll</i>		How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>6 months</i>
Immediate <i>Dropsy</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. L. Pelt</i>
	Address <i>Hyattsville Prince Georges Co</i>
Accident or Suicide?	

Bladenburg
— — —

Name
in
Full

Elizabeth Reigle

CERTIFICATE OF DEATH

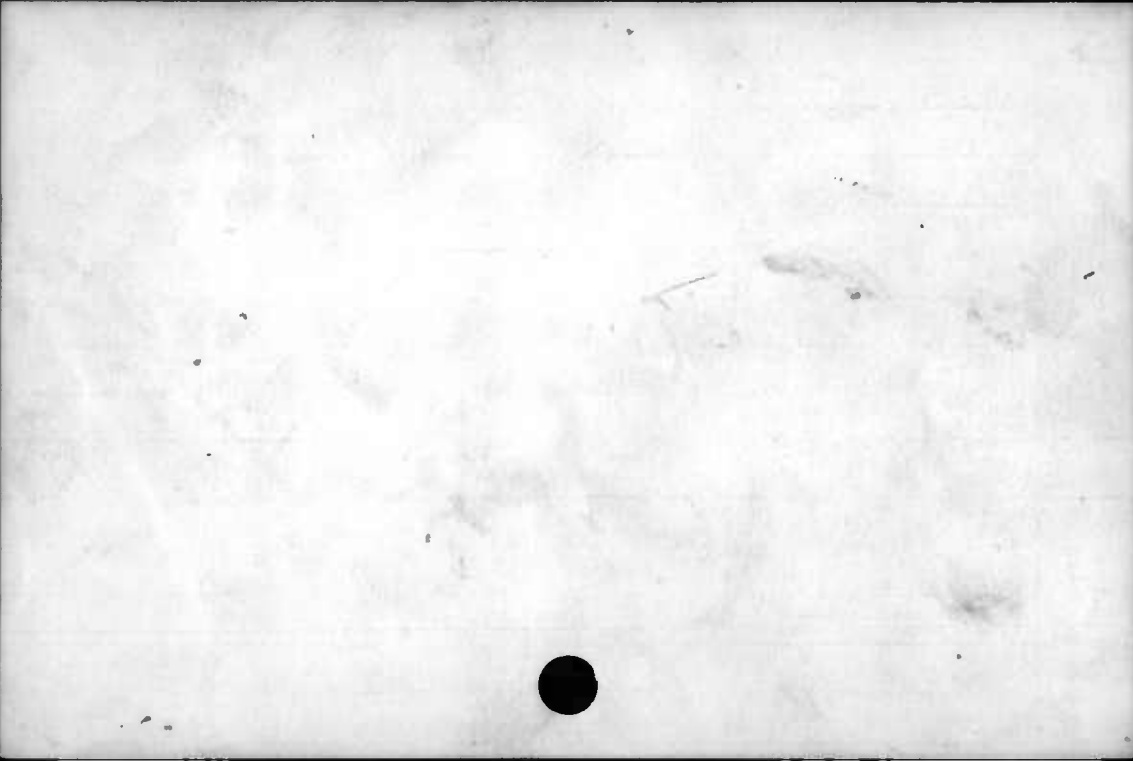
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bright Seat</i>		County <i>P. George</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>8</i>	Age <i>—</i>	Months <i>7</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>P. George Co.</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William T. Reigle</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Lora Simpson</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>William T. Reigle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough.</i>	How long <i>6 weeks</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Beining D. C.</i>
Accident or Suicide? <i>.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>30</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Washington D.C.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Rofil.</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Caroline Schoenbauer</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Charles Rofil</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>4 years</i>
Immediate <i>Caution</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. Richardson</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide?	

Walsburyton

Name
in
Full

Francis Rosier

CERTIFICATE OF DEATH

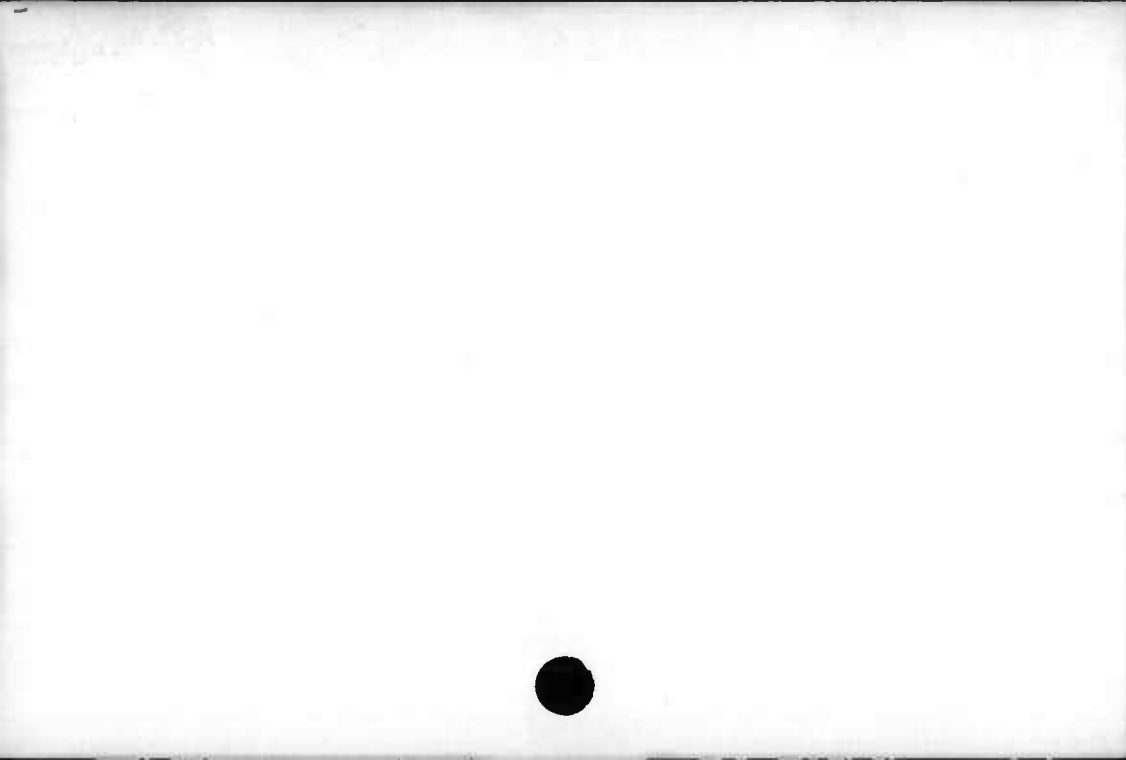
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlboro'</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>7</u> ^{Month}	<u>15</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>1</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>P. G. Co</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
<u> </u> ^{Married, Single or Widowed}		Name of Wife or Husband <u> </u>			
Father's Name <u>Frank Rosier</u>		Father's Birthplace <u>P. G. Co</u>			
Mother's Maiden Name <u>Ella Boston</u>		Mother's Birthplace <u>P. G. Co</u>			
Name of person giving Information <u>Frank Rosier</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't know. 15th</u>	How long	<u>79</u>
Immediate	<u>" "</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Frank Rosier, Father</u>	
<u>Yes</u>		Address <u>Upper Marlboro', Ind.</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Town

County

Died at

Date 1903

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Waltmore Samuels

Ganhaw

Prince Georges

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

July 3

Age

3

Md

None

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

Waltmore Samuels

Maiden Name

Ellen Samuels

Primary

Immediate

Spasms

How long sick

3 hours

Accident, Suicide, Homicide

F. Gasch

Bladensburg

Md

LIBRARY BUREAU, 79808



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

Town

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Mary Jane Sansbury

CERTIFICATE OF DEATH

MARYLAND

Died at

Rosecroft

Town

Pr. Geo. Co.

County

Date

of death 1903

Month

7

Day

29

Years

Age

10

Months

7

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

William Henry Sansbury

Father's
Birthplace

Md.

Mother's
Maiden Name

Eliza Thomas

Mother's
Birthplace

D.C.

Name of person giving
information

Eliza Sansbury

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enteric Fever

How long

4 weeks

Immediate

Hemorrhage

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

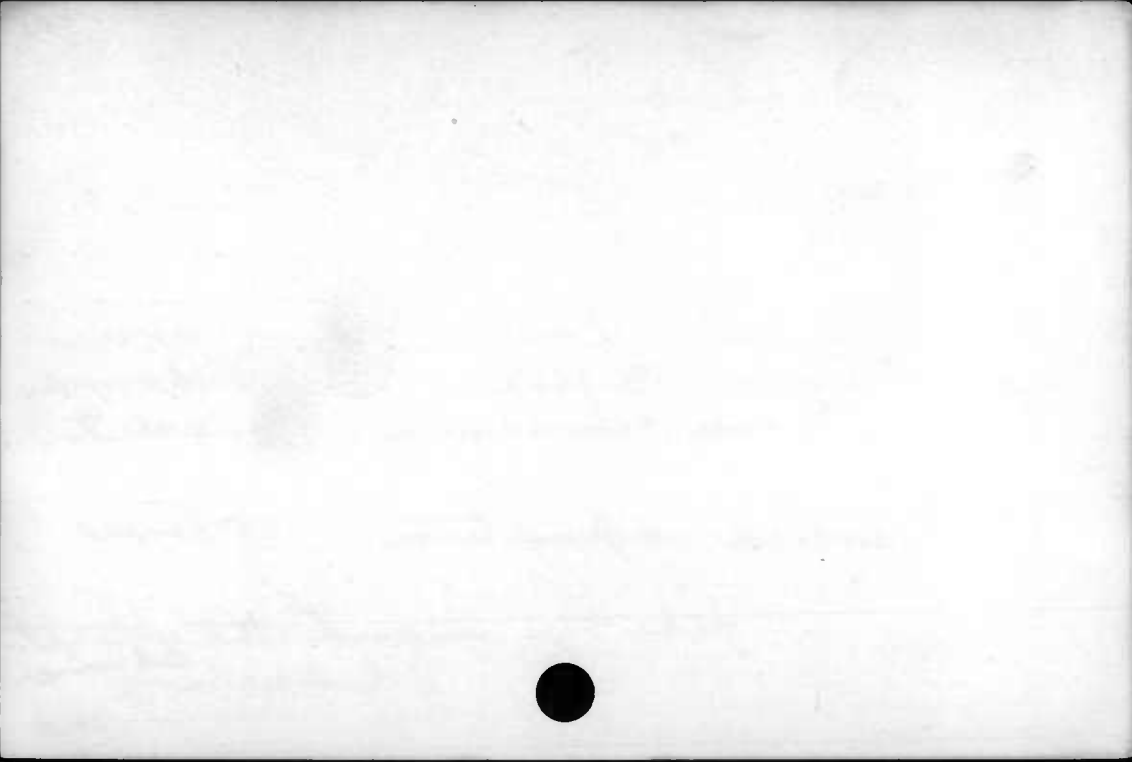
E. P. Simpson, M. D.

Address

ROSECROFT,
Pr. Geo. Co., Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maria Schwenborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Riverdale</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death		1903	Month <i>July</i>	Day <i>18</i>	Years	Months <i>5</i>	Days
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married , Single or Widowed				Name of Wife or Husband			
Father's Name <i>Frank Schwenbauer</i>				Father's Birthplace <i>Bohemia</i>			
Mother's Maiden Name <i>Minnie Miller</i>				Mother's Birthplace <i>Bohemia</i>			
Name of person giving Information <i>Frank Schwenbauer</i>				How related to deceased <i>Parent</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>		How long	<i>15 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Augustus H. Dahler J.P.</i>	
			Address <i>13 Ladensburg Act. Corner Md</i>	
Accident or Suicide?				

Bladenburg

Name in Full

Certificate of Death

George Noble Shelton

Died at Forestville R. Geo Co MARYLAND

Date 19 03 July 30 6 R Geo Co Infant

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Noble Shelton Mother's Mary Jane Carroll

Wife Noble Shelton Maiden Name

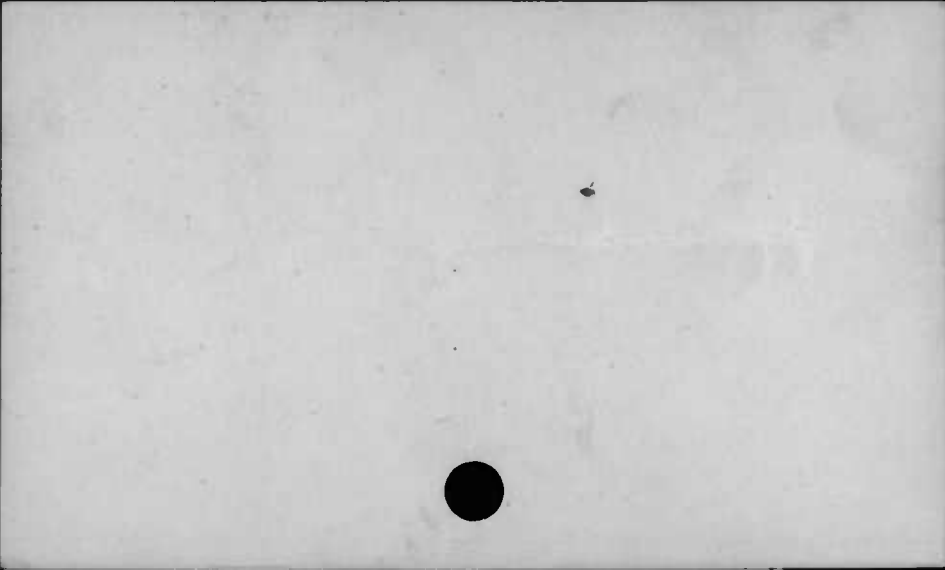
Father's Name

Cause of { Primary Whooping Cough How long sick 2 weeks

Death { Immediate Accident, Suicide, Homicide

Reported by A. E. Schuman (Minister)Address Forestville Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Edward Shurges

Town

County

Died at Seeland

Pr Geo

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903 July

2

Age

—

11

—

Sex

Male

Color or
Race

White

Birth-
place

Seeland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

W H Shurges

Father's
Birthplace

Pr Geo Md

Mother's
Maiden Name

Windsor

Mother's
Birthplace

Pr Geo "

Name of person giving
Information

W H Shurges

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hemiplegia & Cholera Infantum

How long

— 10 days

Immediate

Cerebral

How long

Are the name, age, sex, color, date
and place correctly given above?

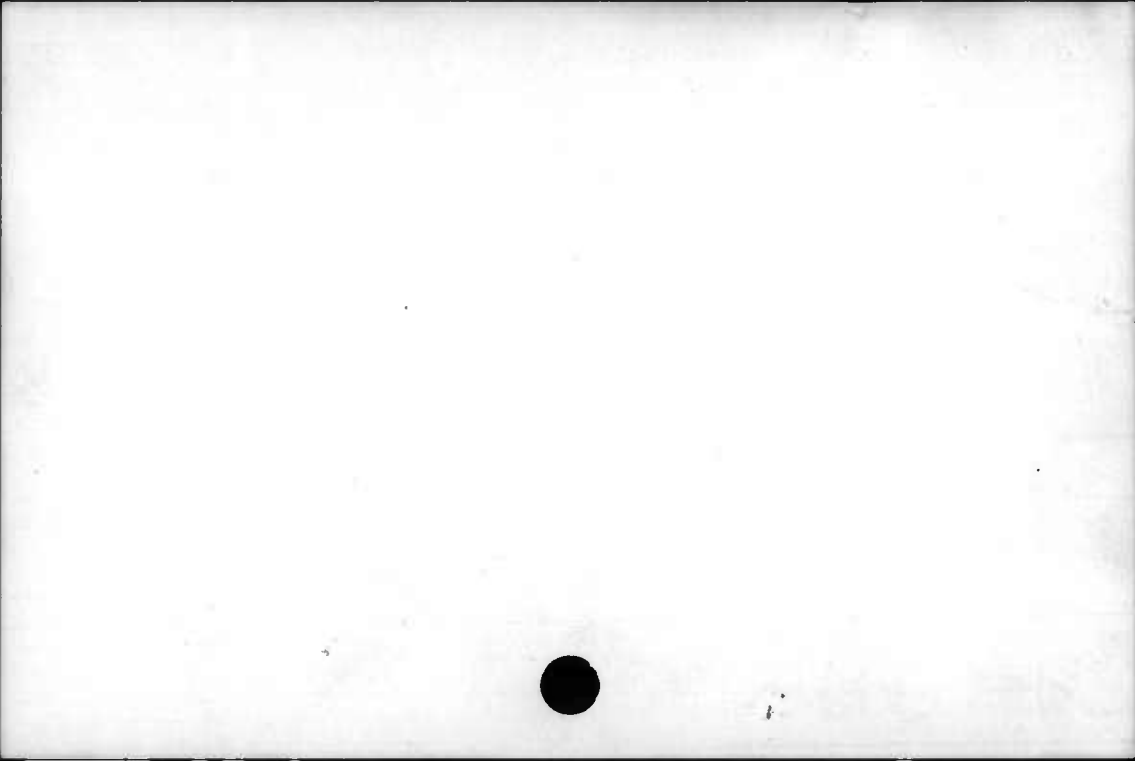
yes

Signature of
Physician

Address

Dr. Giffen
Upper Marlboro "

Accident or Suicide?



Name
in
Full

Henrietta Snowden

CERTIFICATE OF DEATH

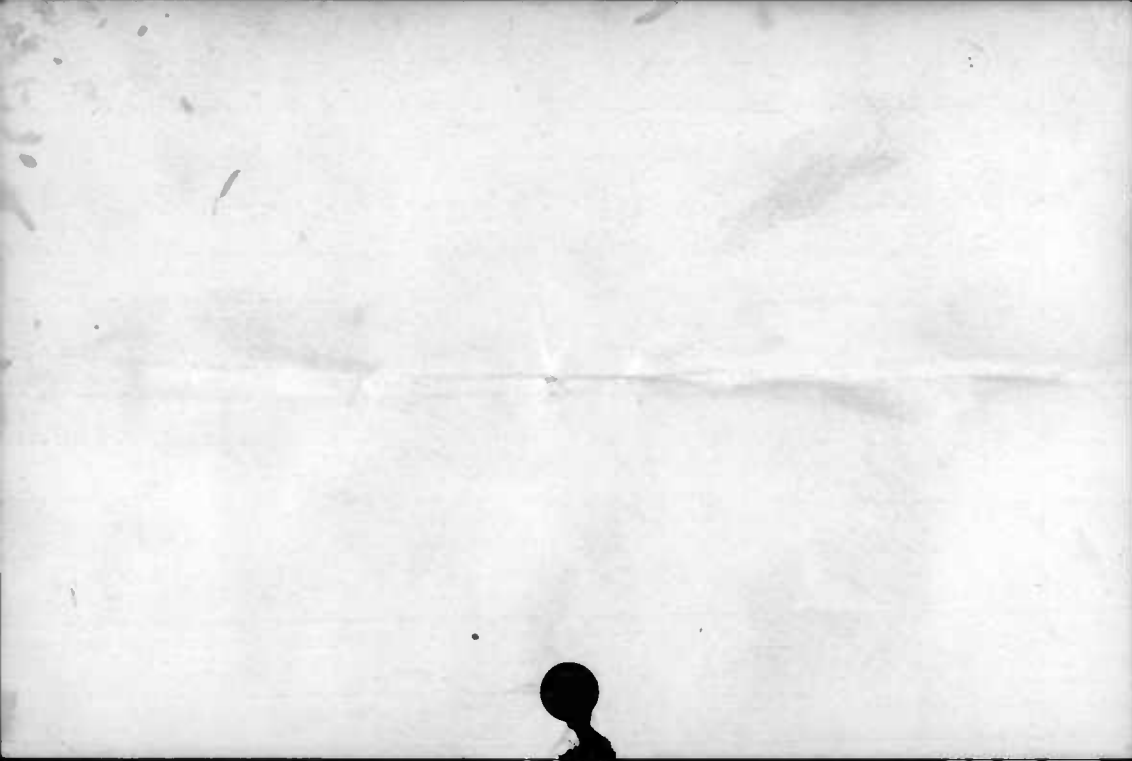
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Collington		Prince George					
Date of death	1903	Month	July	Day	2	Years	Age 70
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife or Husband	Samuel Snowden						
Father's Name	Henry Graham					Father's Birthplace	Maryland
Mother's Maiden Name	Henrietta Graham					Mother's Birthplace	"
Name of person giving information	William Snowden					How related to deceased	Grandson

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	One hour
Immediate	Acute Indigestion	How long	One hour
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	A. R. Walker, M. D.
	101	Address	Mitchellville, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Frank Sullivan

Died at ^{Town} Hyattsville ^{County} Prince Georges MARYLAND

Date 1903 July 4 Age 6 Native of Md Occupation Baby

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

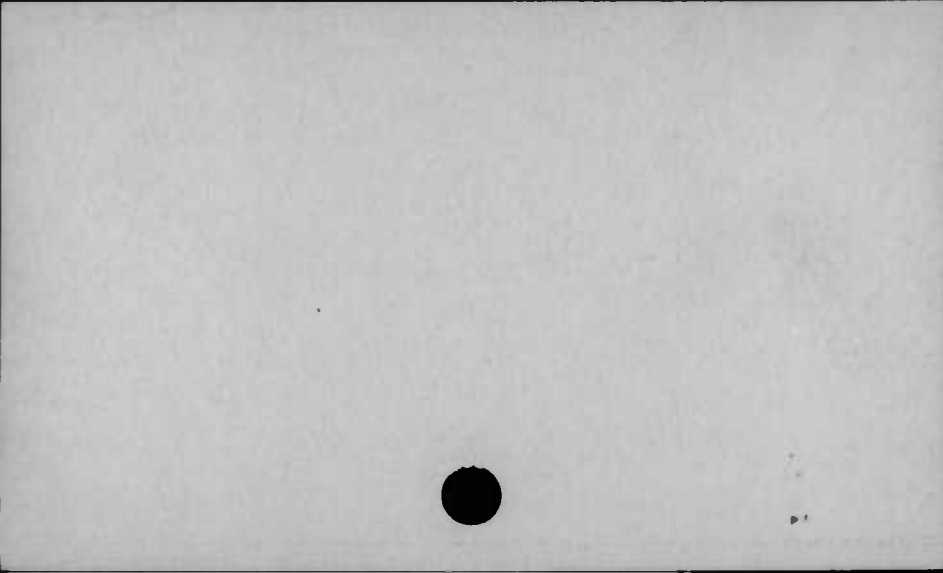
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

John F. Thompson

CERTIFICATE OF DEATH

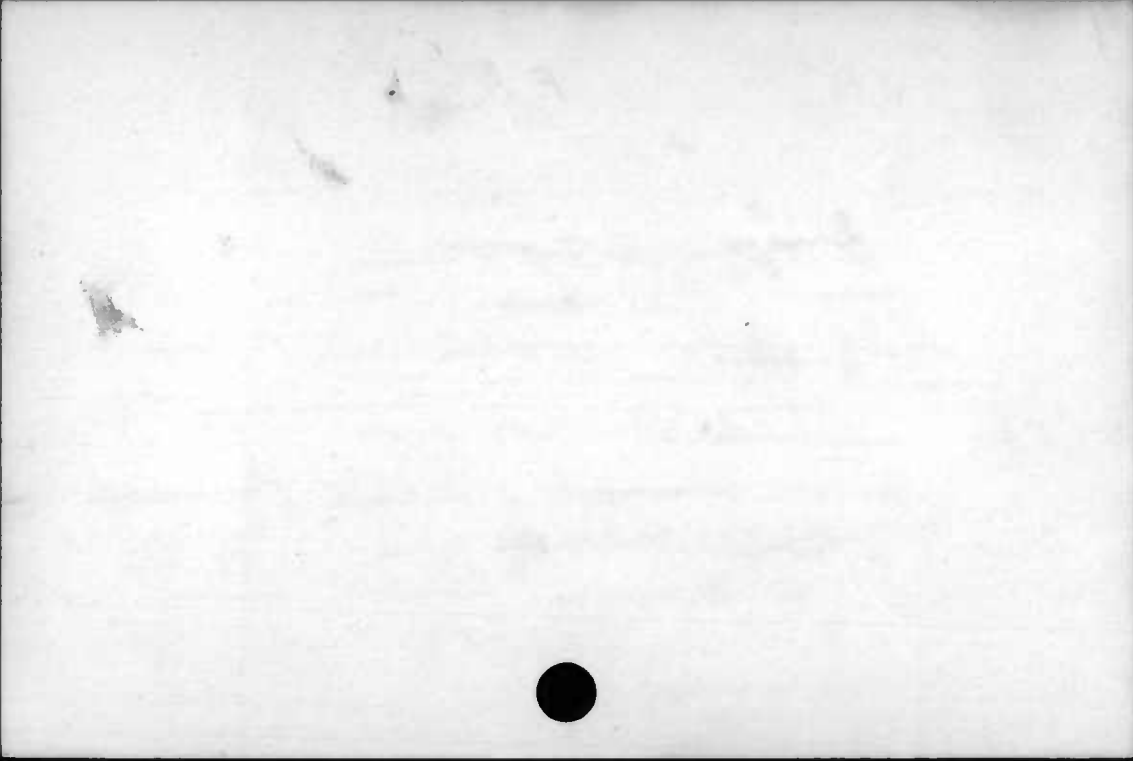
TO BE ANSWERED BY
NEAREST FRIEND

Died at		216 Town		P. G. County		MARYLAND	
Date of death 1903		July		27		Age	
Sex		male		Color or Race		white	
Married, Single or Widowed		Single		Occupation		Birth-place	
Name of Wife or Husband						213. Md	
Father's Name		Chas. H. Thompson		Father's Birthplace		Md	
Mother's Maiden Name		Maggie V. Frazier		Mother's Birthplace		D.C.	
Name of person giving information		Chas. H. Thompson		How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nonassimilation	105	How long	
Immediate	Starvation		How long	Ever since birth
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			John A. Coz MD.	
Accident or Suicide?			Address	



Name in Full

Certificate of Death

Thompson
 Town Pr. County Gu-

Died at

MARYLAND

Date 189

03

Month

July

Day

Y.

M.

D.

Native of

Occupation

Age

still born md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

still born due

How long sick

Death

Immediate

to Tetanus labor

Accident, Suicide, Homicide

Reported by

R. A. Pylls

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		Margarite Folar				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brentwood</u> <small>Town</small>		<u>Pr. Geo.</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>1</u>		Age <u> </u> <small>Years</small>		Months <u>5</u> <small>Days</small> <u> </u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Brentwood. Md</u>	
		Married, Single or Widowed <u> </u>		Occupation <u> </u>			
		Name of Wife or Husband <u>Addie Folar</u>					
		Father's Name <u>Thos. R. Folar</u>		Father's Birthplace <u>Cumberland M. C</u>			
		Mother's Maiden Name <u>Addie Pierce</u>		Mother's Birthplace <u>Richmond Va</u>			
Name of person giving information <u>J. C. Ohendorf M. D.</u>		How related to deceased <u>Child</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Cholera Infantum</u> <u>105</u>		How long <u>2 days</u>			
		Immediate <u>Int. Convulsions</u>		How long <u>30 min.</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. C. Ohendorf M. D.</u>			
				Address <u>Brentwood. Md.</u>			
		Accident or Suicide?					



Name
in
Full

Emma Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marlboro

Town

Pr Geo

County

MARYLAND

Date
of death 1903

Month

July

Day

28

Age

Years

18

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Pr Geo Co

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Gassaway Tolson

Father's
Birthplace

Pr Geo Co

Mother's
Maiden Name

Beck Tolson

Mother's
Birthplace

Pr Geo Co

Name of person giving
Information

Gassaway Tolson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 yr

Immediate

Lymphoid pneumonia

How long

1 yr

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. Griffith
Upper Marlboro
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Robert Tolson =

CERTIFICATE OF DEATH

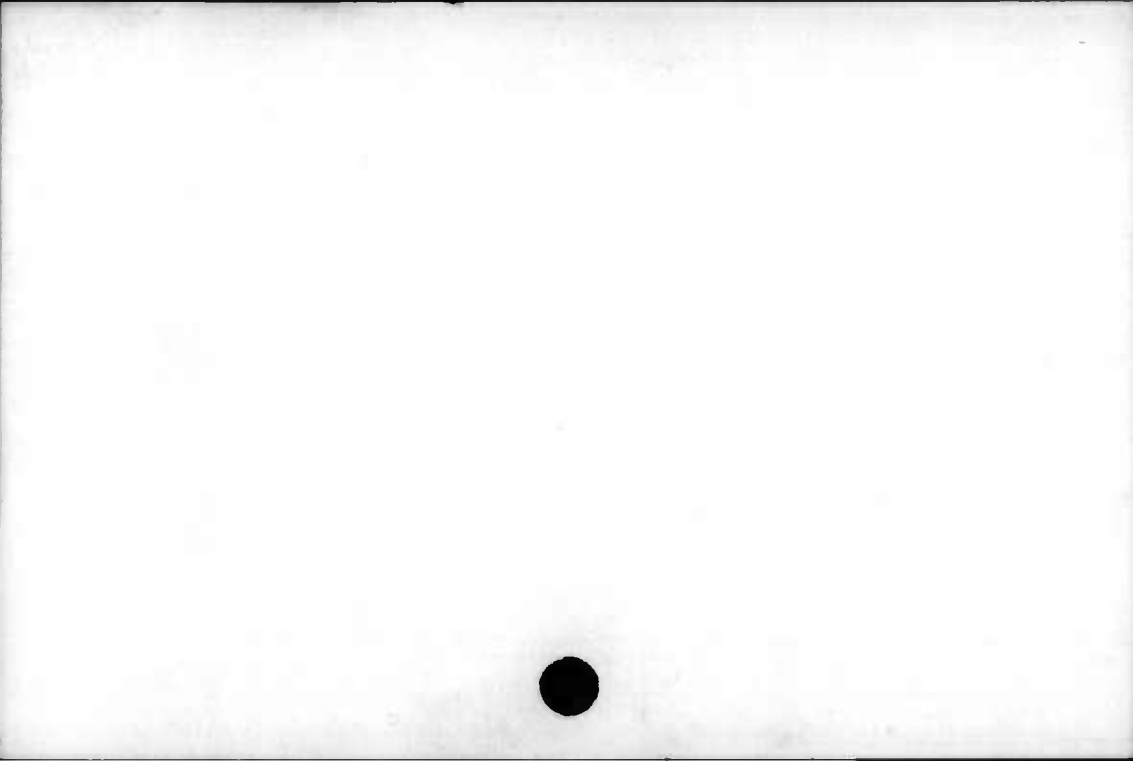
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> <small>Town</small>		<i>Pr. Geo.</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>July</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>7</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Pr. Geo. Co</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank Tolson</i>	Father's Birthplace <i>Pr. Geo. Co</i>				
Mother's Maiden Name <i>Marie Brown</i>	Mother's Birthplace <i>Pr. Geo. Co</i>				
Name of person giving Information <i>Frank Tolson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burnt to death</i>	How long <i>3 hrs</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>167 Dr. Griffith</i>
	Address <i>Upper Marlboro</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Richard James Turner

Died at ^{Town} Lakeland ^{County} Prince Georges MARYLAND

Date 1903 July 24 | Age Y. M. D. — 3 | Native of Maryland | Occupation _____

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of

Wife

Father's Name James Turner Mother's Maiden Name Ida Turner

Cause of Death { Primary Measles Immediate Measles } How long sick One week
 Accident, Suicide, Homicide

Reported by Father and Thomas Johnson

Address Lakeland Maryland
 John I. Burch J.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Walter

Wells

Wiley

Widom

Widd

Widom

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pine Bluff</i>		Town <i>Pine Bluff</i>		County <i>Prine Georges</i>		MARYLAND	
Date of death 1903	Month 7	Day 6	Age 76	Years 76	Months 7	Days —	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Bohemia</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband —							
Father's Name <i>Joseph Tutz</i>				Father's Birthplace <i>Bohemia</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Joseph Tutz</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Myocardial Stenosis</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harry Kelley</i>
	Address <i>Pine Bluff Ark.</i>
Accident or Suicide?	



Name
in
Full

N. Peter Watts

CERTIFICATE OF DEATH

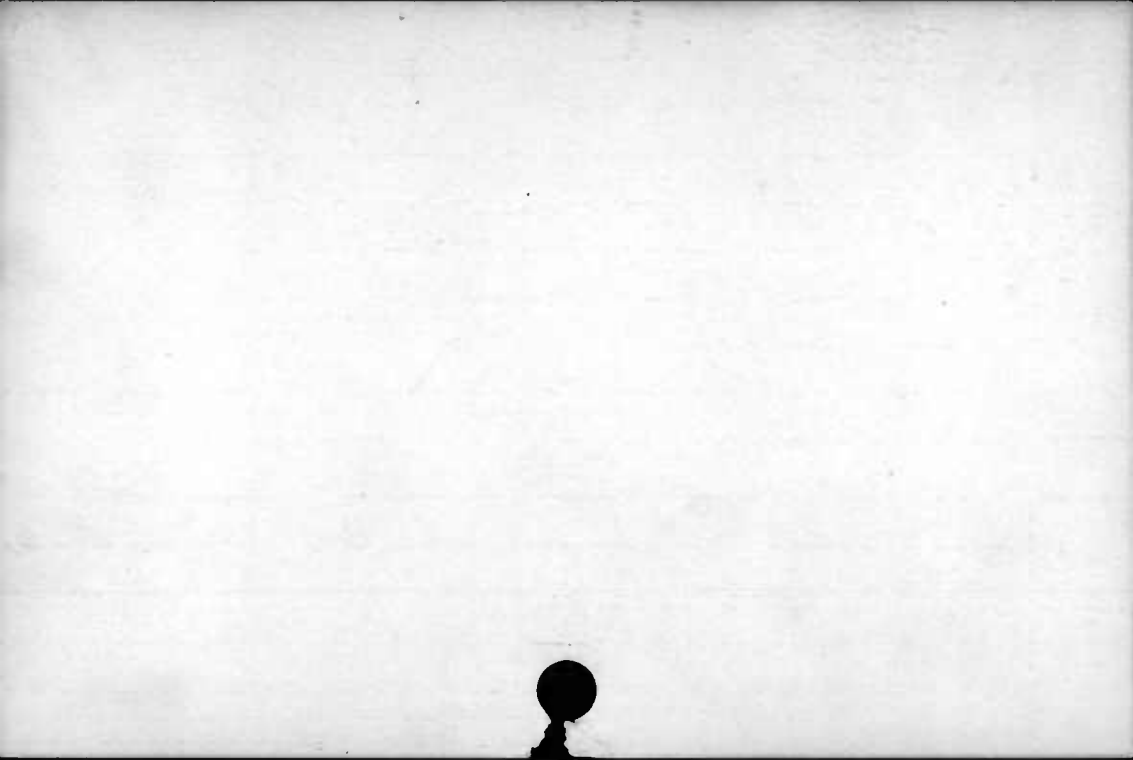
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barrie</i> Town		<i>N.Y.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>24</i>	Age <i>29</i> Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Odonton A.A. Co.</i>		
Married, Single or Widowed			Occupation <i>Gas Engineer</i>		
Name of Wife or Husband					
Father's Name <i>N.H. Watts</i>			Father's Birthplace <i>A.A. Co. Ind.</i>		
Mother's Maiden Name <i>Sallie Hawkins</i>			Mother's Birthplace <i>A.A. Co. Ind.</i>		
Name of person giving information <i>N.H. Watts</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever with Kidney Complications</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J.M. O'Connell M.D.</i>	
		Address <i>Springfield Ind.</i>	
Accident or Suicide?			



Name
in
Full

William L. Williams

CERTIFICATE OF DEATH

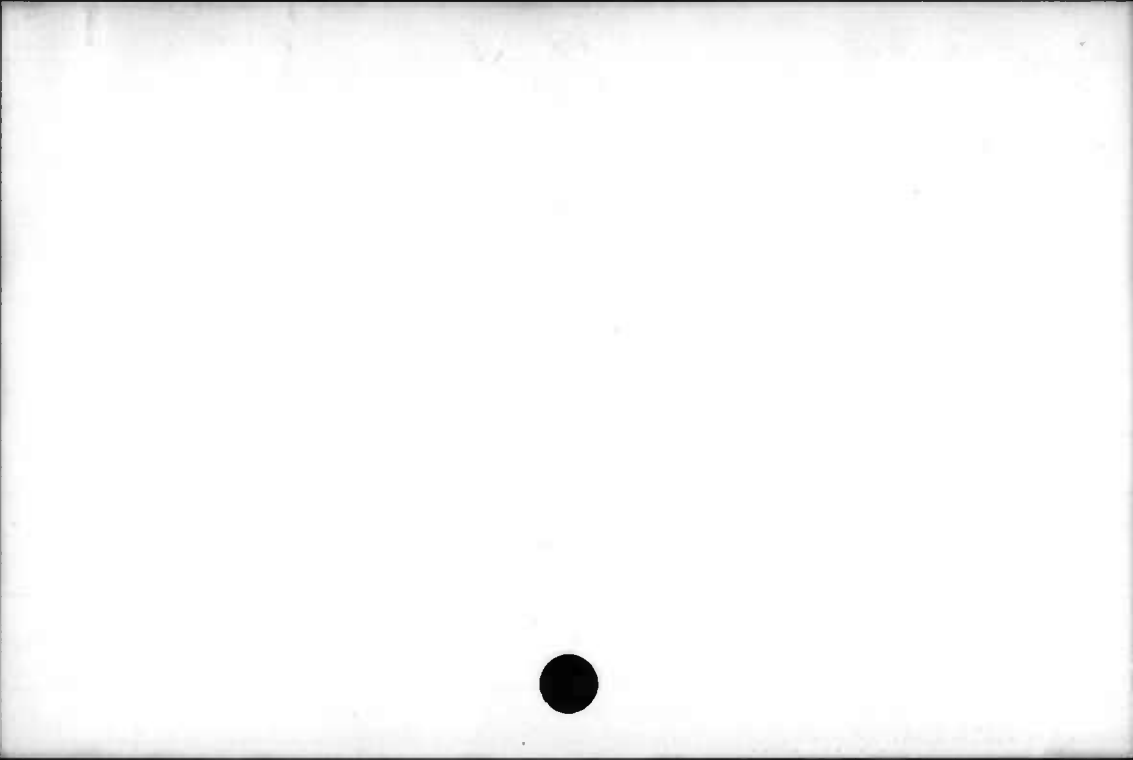
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maryland Park		County Princess Geo.		MARYLAND	
Date of death		1903	Month July	Day 11	Age 49	Years	Months Days
Sex Male		Color or Race White		Birth- place D.C.			
Occupation Painter				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace Unknown			
Mother's Maiden Name				Mother's Birthplace D.C.			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Excessive use of whiskey		How long 3 days
Immediate Overcome by the heat		How long 3 hours
Are the name, age, sex, color, date and place correctly given above? 56		Signature of Physician L. S. Savage.
		Address Benning Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

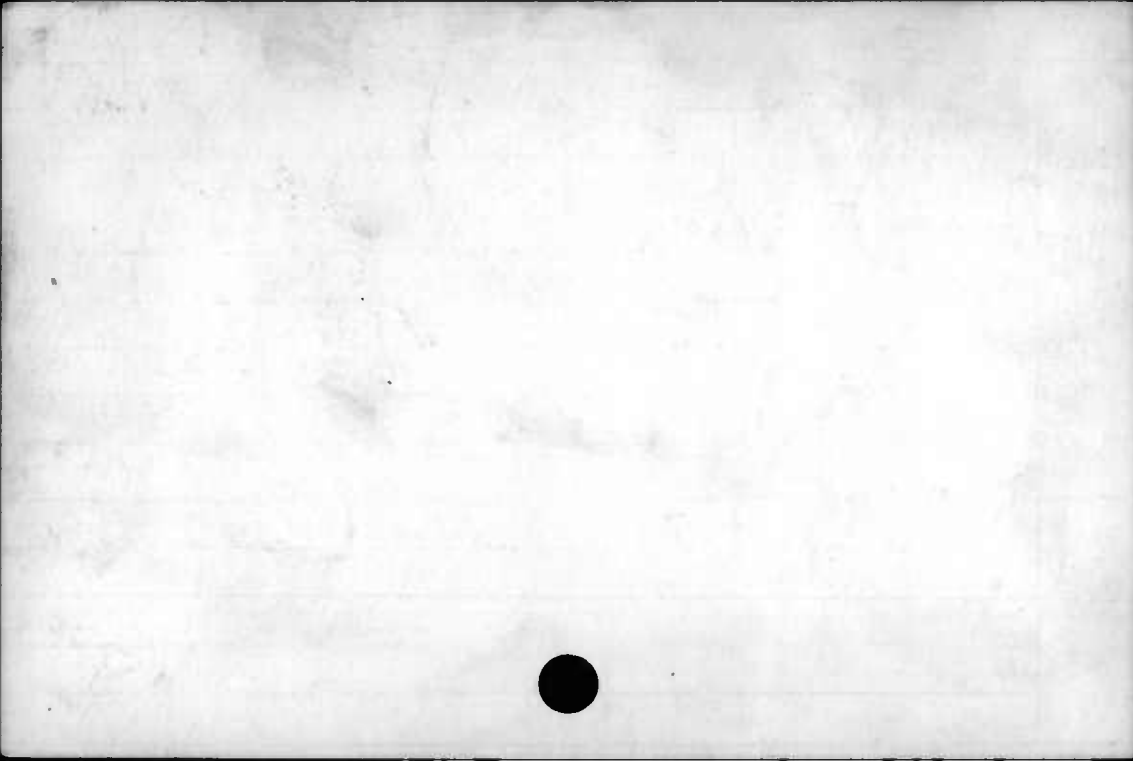
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Green</u> Town		<u>Pr Geo</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>8</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>Yellow</u>		Birth-place <u>P.G. Co</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Charley Thwos</u>			Father's Birthplace <u>P.G. Co</u>		
Mother's Maiden Name <u>Mary Robinson</u>			Mother's Birthplace <u>P.G. Co</u>		
Name of person giving information <u>Charley Thwos</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown, Infant</u>	How long
Immediate	<u>151</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Charley Thwos</u>
		Address <u>Green Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

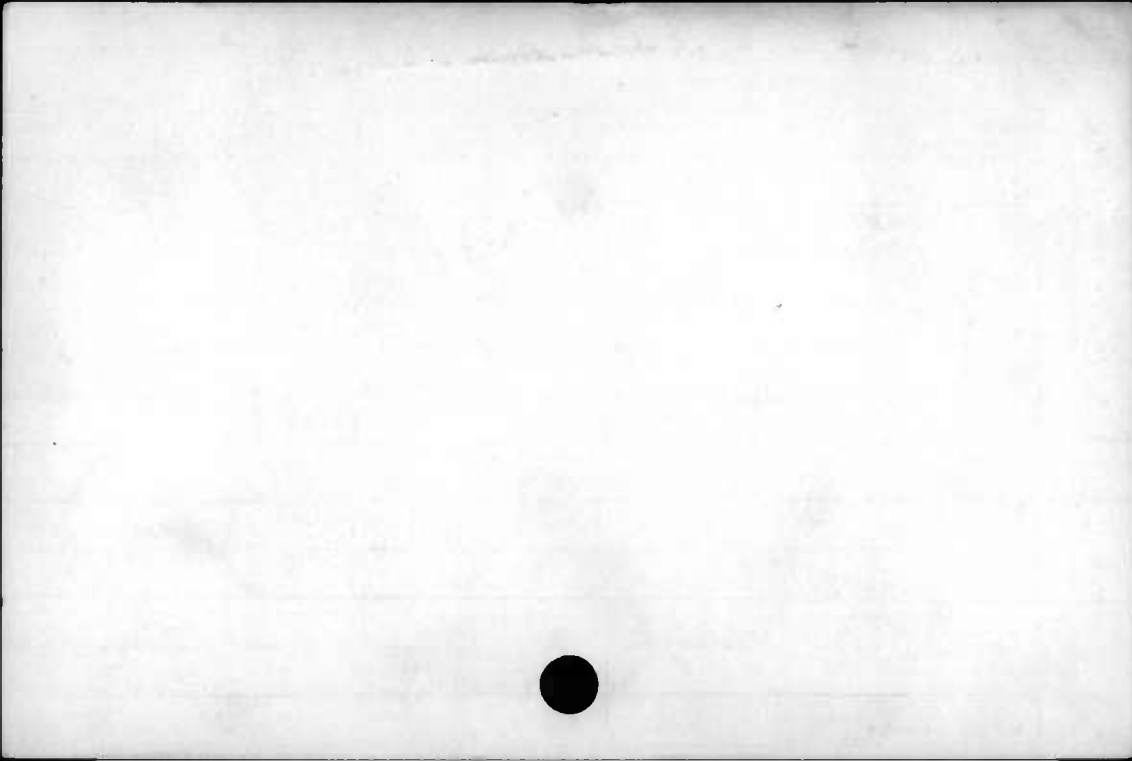
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westwood</u> ^{Town}		<u>Pr Geo</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>July</u>	<u>11</u> ^{Day}	Age <u>71</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>P. G. O.</u>			
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Peter Hord deceased</u>					
Father's Name <u>Benjamin Hinner</u>	Father's Birthplace				
Mother's Maiden Name <u>Margaret Johns</u>	Mother's Birthplace				
Name of person giving information <u>Thomas Hord</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u> <u>79</u>	How long <u>4 weeks</u>
Immediate <u>Congestion of lungs</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Gibbons</u>
	Address <u>Croom Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Frank Woodcock

Town

County

MARYLAND

Died at

Brentwood

P. F. Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

July 28

Age

2

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

J. W. Woodcock

Mother's

Maiden Name

Nannie Dickerson

Cause of

Primary

Death

Immediate

Exhaustion 151

How long sick

Accident, Suicide, Homicide

Reported by

J. C. Ohlendorf M. D.

Address

Brentwood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Corns Wright.

Town *Brentwood* County *Pr. Geo. Co.* MARYLAND

Died at *Brentwood* Month *July* Day *20* Y. *10* M. *min.* D. *min.* Native of *Pr. Geo. Co.* Occupation *min.*

Date 19*03* *July* *20* Age *10 min.*

Male *White* Married *Widow* Divorced *Number of children living 1 $\frac{1}{4}$*

~~Female~~ *Colored* Single *Widower*

Husband *of* *Infant*

Wife *John Wright* Mother's *Claudia Corns*

Father's Name *John Wright* Maiden Name *Claudia Corns*

Cause of *Exhaustion* How long sick *10 min*

Death *Immediate* Accident, Suicide, Homicide

Reported by *J. C. Oltendorfer, M.D.*

Address *Brentwood Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Not Known</i>		Town <i>near Beltsville</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Beltsville</i>		Month <i>Not Known</i>		Day <i>Not Known</i>		Years <i>—</i>	
Date of death 190 <i>3</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>—</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Walter Adams</i>		How related to deceased <i>Not Related</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Was found July 24/1903</i>	How long <i>—</i>
Immediate <i>Dead and very much decomposed</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. A. Gray</i>
	Address <i>Beltsville Md</i>
Accident or Suicide? <i>Don't know</i>	

